

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS**

PUBLIC HEALTH, SAFETY, AND PREPAREDNESS ADMINISTRATION

IHSC Directive: 05-01
ERO Directive Number: 11776.1
Federal Enterprise Architecture Number: 306-112-002b
31 JAN 2017

**By Order of the Acting Assistant Director
CAPT Luzviminda Peredo-Berger, MD**

1. **PURPOSE.** The purpose of this issuance is to set forth the policies for the implementation of public health, safety, and preparedness activities within the U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC).
2. **APPLICABILITY.** This directive applies to all IHSC personnel, including but not limited to Public Health Service (PHS) officers, civil service employees, and contract personnel. It applies to IHSC personnel supporting health care operations in both ICE-owned and ICE-contracted detention facilities, and to IHSC Headquarters (HQ) staff. This directive applies to contract personnel when supporting IHSC in detention facilities and at HQ. Federal contractors are responsible for the management and discipline of their employees.
3. **AUTHORITIES AND REFERENCES.**
 - 3-1. Title 8, Code of Federal Regulations, Section 235.3 ([8 CFR § 235.3](#)), Inadmissible Aliens and Expedited Removal;
 - 3-2. Section 232 of the Immigration and Nationality Act, as amended, Title 8, U.S. Code, Section 1222 (8 U.S.C. § 1222), Detention of Aliens for Physical and Mental Examination;
 - 3-3. Title 8, Code of Federal Regulations, Part 232 ([8 CFR § 232](#)), Detention of Aliens for Physical and Mental Examination;
 - 3-4. Section 322 of the Public Health Service Act, as amended, Title 42, U.S. Code, Section 249(a) ([42 U.S.C. § 249\(a\)](#)), Medical Care and Treatment of Quarantined and Detained Persons;

- 3-5. Title 42, U.S. Code, Public Health Service Act, Section 252 ([42 U.S.C. § 252](#)), Medical Examination of Aliens;
 - 3-6. Title 42, Code of Federal Regulations, Part 34 (42 CFR § 34), Medical Examination of Aliens;
 - 3-7. The Privacy Act of 1974, Title 5, U.S. Code, Section 552(a) (5 U.S.C. § 552(a)), as applied in Department of Homeland Security U.S. Immigration and Customs Enforcement—013 Alien Medical Records System of Records, 74 Fed. Reg. 57688 (Nov. 9, 2009);
 - 3-8. Title 29, Code of Federal Regulations, Part 1960 (29 CFR § 1960), Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters;
 - 3-9. Executive Order 12196, Occupational Safety and Health Programs for Federal Employees (Feb. 26, 1980), 45 Fed. Reg. 12769;
 - 3-10. The Occupational Safety and Health Act of 1970 (OSH Act), 29 U.S.C. § 650 *et seq.*; and
 - 3-11. DHS Directive 066-01, *Safety and Health Programs* (Jul. 25, 2008).
 - 3-12. [ICE Occupational Safety and Health \(OSH\) Program Requirements Handbook, Revision #10 - 05/16/2016](#)
 - 3-13. 41 CFR 101-20 and the Life Safety Code, National Fire Protection Association 101
4. **POLICY.** It is IHSC policy to implement public health, safety, and preparedness (PHSP) activities at IHSC-staffed medical clinics. The IHSC Public Health, Safety, and Preparedness Unit (PHSP Unit) is located at IHSC HQ. The PHSP Unit provides the policies and procedures that, when implemented, protect the health, safety, and wellbeing of the people working, visiting, or being treated in IHSC-staffed medical clinics. The PHSP Unit provides guidance in accordance with relevant laws, regulations, and standards.
- 4-1. PHSP Focus Areas**
- The PHSP focus areas include the following:
- a. Public health actions for tuberculosis care.
 - b. Infectious disease public health actions in these areas:
 - 1) Surveillance and reporting;
 - 2) Contact and outbreak investigations;

- 3) Isolation and exposure management;
 - 4) Hepatitis;
 - 5) HIV;
 - 6) Varicella and herpes zoster; and
 - 7) Influenza.
- c. Occupational health, including:
- 1) Employee health;
 - 2) Personal protective equipment;
 - 3) Bloodborne pathogens and other potentially infectious materials;
and
 - 4) Respiratory protection.
- d. Safety and security, including:
- 1) Safety inspections;
 - 2) Fire prevention and life safety;
 - 3) Security controls;
 - 4) Workplace violence;
 - 5) Ergonomics;
 - 6) Bio-medical equipment;
 - 7) Hazardous tools;
 - 8) Golf cart/utility vehicles; and
 - 9) Special needs (i.e., safety and security considerations with regard to detainee special needs determination and accommodations and staff reasonable accommodations).
- e. Environmental health, including:
- 1) Hazardous materials;
 - 2) Radiation safety;
 - 3) Cleaning and decontamination;
 - 4) Pest control;
 - 5) Food service;
 - 6) Airborne infection isolation rooms; and
 - 7) Construction, renovation, and repair.
- f. All-hazards emergency preparedness and response, including:
- 1) Recognizing a hazard or disaster;
 - 2) Communication;
 - 3) Incident management;
 - 4) Continuity of operations;
 - 5) Emergency medical response;
 - 6) Mass casualty/triage;

- 7) Evacuation;
- 8) Shelter in place;
- 9) Isolation/cohorting;
- 10) Medical equipment, supplies, and pharmaceuticals;
- 11) Mass prophylaxis;
- 12) Medical information management;
- 13) Special needs;
- 14) Hazard-specific procedures; and
- 15) Test, training, and exercises.

4-2. PHSP Activities Implementation

- a. The PHSP Unit
 - 1) oversees implementation of PHSP activities nationally and provides technical guidance to IHSC staff;
 - 2) issues, reviews, and updates directives and guidance for the PHSP focus areas.
- b. The health services administrator (HSA) oversees the implementation of PHSP activities in IHSC-staffed medical clinics.
- c. The compliance officer supports the HSA in developing, coordinating, implementing, and monitoring all tasks and duties related to public health, safety, and preparedness and serves as the key liaison between health staff and PHSP Unit staff.
- d. Health staff perform PHSP activities following the documented IHSC supervisory chain.

4-3. IHSC PHSP Committee

- a. The purpose of the PHSP Committee is to provide an internal forum for sharing resources, updates, and lessons learned, and finding solutions to issues related to public health, safety, and preparedness.
- b. The PHSP Unit oversees and convenes monthly PHSP Committee meetings, creates agendas, and writes meeting minutes.
- c. Members of the PHSP Committee include:
 - 1) HSAs and/or assistant HSAs (AHSAs);
 - 2) Compliance officers;
 - 3) Health staff involved with tuberculosis reporting;
 - 4) Health staff involved with implementing PHSP activities;
 - 5) PHSP Unit staff; and the

- 6) IHSC Infectious Disease Consultant.
- d. The compliance officer or designee from each IHSC-staffed medical clinic must attend the monthly PHSP Committee meeting; HSAs and AHSAs are encouraged to attend.
- e. The compliance officer or designee must ensure that information conveyed at the PHSP Committee meeting is shared with the HSA, AHSAs, compliance officer, and health staff.

4-4. PHSP Activities Monitoring and Reporting

- a. The HSA must ensure that the IHSC-staffed medical clinic develops, maintains, reviews, and updates PHSP-related documentation within the specified time frame for each respective activity.
- b. The HSA must ensure that the daily, weekly, monthly, quarterly, and annual tasks listed in the PHSP Activities Toolkit are completed within the specified time frame for each respective activity.
 - 1) The PHSP Activities Toolkit is available on the PHSP Unit SharePoint site; it provides quick access to tools and resources for accomplishing PHSP activities.
- c. The HSA must review the monthly Health and Safety Assessment and must ensure that a designated staff member timely submits them to the PHSP Unit.
 - 1) The Health and Safety Assessment is available on the PHSP Unit SharePoint site; it is used for monitoring and reporting key PHSP activities.
- d. The HSA must respond to periodic requests from the PHSP Unit for public health, safety, and preparedness data.
- e. The PHSP Unit must collect and analyze data from IHSC-staffed medical clinics to ensure program implementation and effectiveness and to provide feedback to other IHSC Units.

4-5. Orientation and Training

- a. The HSA must ensure that health staff receive orientation and annual refresher training on the PHSP topic areas.
- b. The HSA or designee should ensure that orientation and annual training is implemented and documented in accordance with Federal

regulations and with IHSC Directive 01-04, *Medical Education and Development*.

5. PROCEDURES.

5-1. Refer to Directives and Guides corresponding to each PHSP focus area identified in section 4-1 and available on the IHSC SharePoint site.

5-2. Refer to the PHSP Activities Toolkit available at [IHSC SharePoint | Public Health, Safety and Preparedness Unit](#).

6. HISTORICAL NOTES. This directive supersedes IHSC Directive 05-01, *SIPC Program Administration*, reviewed March 21, 2016.

7. DEFINITIONS. See the [IHSC Glossary](#).

8. APPLICABLE STANDARDS.

8-1. Performance-Based National Detention Standards (PBNDs):

PBNDs 2011:

- a. 1.1: Emergency Plans.
- b. 1.2: Environmental Health and Safety.
- c. 2.7: Key and Lock Control.
- d. 2.14: Tool Control.
- e. 4.1: Food Service.
- f. 4.3: Medical Care.
- g. 7.3: Staff Training.

8-2. ICE Family Residential Standards

- a. 1.1: Emergency Plans.
- b. 1.2: Environmental Health and Safety.
- c. 2.4: Key and Lock Control.
- d. 2.9: Tool Control.

- e. 4.1: Food Service.
- f. 4.3: Medical Care.
- g. 7.3: Staff Hiring and Training.

8-3. American Correctional Association (ACA):

**Performance-Based Standards for Correctional Health Care in Adult
Correctional Institutions**

- a. 1-HC-1A-05: Continuity of Care.
- b. 1-HC-1A-06: Transportation.
- c. 1-HC-1A-08: Emergency Plan.
- d. 1-HC-1A-11: Communicable Disease and Infection Control Program.
- e. 1-HC-1A-12: Communicable Disease and Infection Control Program.
- f. 1-HC-1A-13: Communicable Disease and Infection Control Program.
- g. 1-HC-1A-14: Communicable Disease and Infection Control Program.
- h. 1-HC-1A-15: Communicable Disease and Infection Control Program.
- i. 1-HC-2A-06: Employee Orientation.
- j. 1-HC-2A-09: Employee Health.
- k. 1-HC-2A-10: Employee Health.
- l. 1-HC-2A-13: Emergency Plans.
- m. 1-HC-2A-14: Emergency Response.
- n. 1-HC-2A-15: First Aid.
- o. 1-HC-3A-01: Grievances.
- p. 1-HC-3A-06: Special Needs.
- q. 1-HC-4A-03: Internal Review and Quality Assurance.
- r. 1-HC-6A-01: Injury Prevention.

- s. 1-HC-6A-02: Injury Prevention.
- t. 1-HC-6A-04: Key Control.
- u. 1-HC-6A-06: Fire Safety.
- v. 1-HC-6A-08: Fire Safety.
- w. 1-HC-6A-09: Fire Safety.
- x. 1-HC-6A-10: Flammable, Toxic, and Caustic Materials.
- y. 1-HC-6A-13: Food Service Employees.
- z. 1-HC-6A-12: Facility Sanitation.
- aa. 1-HC-6A-14: Food Service Inspection.
- bb. 1-HC-6A-15: Vermin and Pests.

8-4. National Commission on Correctional Health Care (NCCHC):

Standards for Health Services in Jails

- a. J-A-07: Emergency Response Plan.
- b. J-B-01 Infection Prevention and Control Program.
- c. J-B-02: Patient Safety.
- d. J-B-03: Staff Safety.
- e. J-C-06: Inmate Workers.
- f. J-C-09: Orientation for Health Staff.
- g. J-D-05 Hospital and Specialty Care.
- h. J-E-08: Emergency Services.
- i. J-E-12 Continuity and Coordination of Care During Incarceration.

9. **RECORDKEEPING.** IHSC maintains detainee health records in accordance with the Privacy Act and as provided in the Alien Medical Records System of Records Notice, 80 Fed. Reg. 239 (Jan. 5, 2015). The records in the electronic health records (eHR) system/eClinicalWorks (eCW) retained in accordance with ICE Records schedule Electronic Health Records (eHR) System, schedule number DAA-0567-2015-0002. Adult health records are destroyed ten (10) years after the case closes or date of last action. Minor health records in eHR are destroyed on the minor's 27th birthday. Paper records are scanned into eHR and are destroyed after upload is complete

Records of employee exposure to infectious disease in the workplace will be kept confidential and maintained as required by applicable law and policy. Employee medical records pertaining to an occupational exposure incident are not to be disclosed or reported to any person within or outside the workplace without the employee's express written consent, except as required by 29 CFR Part 1910.1030(h)(1) or as may be required by law.

Work related injuries are recorded on the appropriate OSHA 300 Log, pursuant to 29 CFR 1904, also called the Recordkeeping Rule, and applicable agency policy.

Records of safety and health committee meetings are maintained by the responsible program office as outlined in 29 CFR 1960, Subpart F and I, and applicable agency policy.

Records of training and summary reports of training safety and health training are maintained by the responsible program office as outlined in 29 CFR 1960.54 through .60 and applicable agency policy.

Records of organizational emergency preparedness, including significant emergency-related incidents, are maintained by the responsible program office as required in 41 CFR 101-20 and the Life Safety Code, National Fire Protection Association 101 and applicable agency policy.

9-1. Protection of Medical Records and Sensitive Personally Identifiable Information (PII).

- a. Staff must keep all health records, whether electronic or paper, secure with access limited only to those with a need to know. Staff must lock paper records in a secure cabinet or room when not in use or not otherwise under the control of a person with a need to know.
- b. Staff are trained at orientation and annually on the protection of a detainee's medical information and sensitive PII.

- c. Only authorized individuals with a need to know are permitted to access medical records and sensitive PII.
- d. Staff must comply with the Department of Homeland Security *Handbook for Safeguarding Sensitive PII* (Handbook) at:

(b)(7)(E)

when additional information is needed concerning safeguard sensitive PII.

- 10. NO PRIVATE RIGHT STATEMENT.** This directive is an internal policy statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.